



The Manor House,  
Totnes  
28th August, 1957

Mr. Chairman, Ladies and Gentlemen,

I have the honour to submit my Annual Report for the year ended 31st December, 1956.

GENERAL STATISTICS.

Estimated population (mid-year 1956) . . . . . 5540  
Number of inhabited houses . . . . . 1858

VITAL STATISTICS.

	Male	Female	Total
Live Births	34	32	66
Legitimate	32	32	
Illegitimate	2		
Still Births	1	1	2
Legitimate	1		
Illegitimate		1	

Birth rate per 1,000 population . . . . . 11.91  
Birth rate per 1,000 population (England and Wales) . . . . . 15.7  
Still Birth Rate per 1,000 population . . . . . 0.36  
Still Birth Rate (per 1,000 live and still births) . . . . . 29.4  
Area Comparability Factor . . . . . 1.06  
Corrected Birth Rate . . . . . 13.68

	Male	Female	Total
Deaths	41	50	91
Death Rate per 1,000 resident population . . . . .	16.43		
Area Comparability Factor . . . . .	0.69		
Corrected Death Rate . . . . .	11.34		
Death Rate (England and Wales) . . . . .	11.7		

	Male	Female	Total
Deaths of infants under 1 year	1	2	3
Legitimate		2	
Illegitimate	1		
Deaths of infants under 4 weeks		1	1
Legitimate		1	
Illegitimate	-	-	

Infant Mortality Rate . . . . . 45.45  
Infant Mortality Rate (England and Wales) . . . . . 23.8

Classification of Deaths is as follows

	Male	Female	Total
Tuberculosis, respiratory . . . . .	1	0	1
Tuberculosis, other forms . . . . .	0	0	0
Syphilitic Disease . . . . .	0	0	0
Diphtheria . . . . .	0	0	0
Whooping cough . . . . .	0	0	0
Menengococcal Infections . . . . .	0	0	0
Acute Poliomyelitis . . . . .	0	0	0
Measles . . . . .	0	0	0
Other Infectious & Parasitic Diseases . . . . .	0	0	0
Malignant Neoplasms, Stomach . . . . .	1	1	2
Malignant Neoplasms, Bronchus . . . . .	3	0	3
Malignant Neoplasms, Breast . . . . .	0	2	2
Malignant Neoplasms, Uterus . . . . .	0	0	0

	Male	Female	Total
Other Malignant & Lymphatic Neoplasms...	6	5	11
Leukaemia, Aleukaemia.....	0	1	1
Diabetes.....	2	1	3
Vascular lesions of nervous system.....	7	7	14
Coronary Disease, angina .....	5	6	11
Hypotension with heart disease.....	1	0	1
Other Heart Diseases.....	4	4	8
Other Circulatory Diseases.....	0	3	3
Influenza.....	0	0	0
Pneumonia.....	1	2	3
Bronchitis.....	0	1	1
Other diseases of respiratory system....	0	0	0
Ulcer of Stomach and Duodenum.....	0	0	0
Gastritis, Enteritis, Diarrhoea.....	0	0	0
Nephritis & Nephrosis.....	0	1	1
Hypertrophy of prostate.....	1	0	1
Pregnancy, Childbirth & Abortion.....	0	0	0
Congenital malformations.....	1	0	1
Other defined and ill-defined diseases..	7	15	22
Motor Vehicle Accidents.....	0	0	0
All other Accidents.....	1	0	1
Suicide.....	0	1	1
Homicide and operations of war.....	0	0	0
TOTAL	41	50	91

An examination of the statistics of this area against the back ground of national averages reveals certain facts and call for some analysis.

#### BIRTHS

The Birth Rate in Totnes is 11.91 per 1,000 population. In order to make a more accurate comparison with the country as a whole a special statistical method is used to ascertain the correction necessary for this comparison. After correction the birth rate is 13.68 which is still below the national figure of 15.7. The crude birth rate for Totnes last year was 11.35 as compared with 11.91 for this year showing little change in the situation. These figures are not surprising for a District such as this where there is a large proportion of retired people and very little industry.

#### DEATHS

As you will see the crude death rate is high, 16.43 but when corrected is 11.34 which closely approximates to the national figure of 11.7. The Infant mortality rate appears alarming, but the rate is calculated on a small number of births in a comparatively small population. The infant deaths were in effect due to congenital malformation and prematurity and not to any acquired infection or disease.

Classification of deaths shows, that as usual, the greatest number of deaths is due to heart and vascular disease and this year the number of defined and ill-defined diseases has taken a further leap. This is due to the fact that Senility comes into this category, when the cause of death is not further identified.

In spite of the abnormally cold weather in the early part of this year, there has been a decrease in the deaths from infections and diseases of the respiratory system. This is a clear indication of the value of antibiotic treatments. Malignant Neoplasms as a cause of death shows an increase - 18 as compared with 16 in 1955.

#### INFECTIOUS AND OTHER NOTIFIABLE DISEASES

Measles.....	7
Puerperal Pyrexia.....	2
Tuberculosis (Pulmonary).....	1
Tuberculosis ( Non-Pulmonary).....	2
	<u>12</u>



As will be seen from these figures, there has been no large scale epidemic of any kind, in fact, the number of notifications received is the lowest I have ever known.

Tuberculosis The situation with regard to tuberculosis is satisfactory- 3 Cases (1 pulmonary and 2 non-pulmonary) have been notified showing an improvement, in fact they are down by half, on last year. Mass Radiography, the tubercular testing scheme for children entering the County Primary Schools and the proposed scheme for B.C.G. vaccination for the 13 year age group will, I am sure, play a great part in the early diagnosis of the disease and in the latter case, in the prevention of it. It is heartening to know that the average stay of a patient at the Sanatorium is now greatly reduced and that the new antibiotic and chemo therapy are proving so successful. Great progress is being made in the eradication of bovine tuberculosis by the great increase in the number of attested cattle and the availability of T.T. or pasturised milk. All these complicated and progressive schemes for the prevention, Diagnosis treatment etc, of Tuberculosis are administered by the County Authority, but I thought it a good thing to give them some space in my report.

Poliomyelitis No case of acute poliomyelitis has been notified during the year, in fact there were relatively few in the whole country. The important development during 1956 was the introduction of a British Poliomyelitis vaccine. The vaccinations were begun in May and June and, having been suspended for the summer months, were resumed in November. Owing to the limited supplies of the vaccine fewer children received a course of injections than had originally been estimated. In this area, great support was given to the vaccination scheme by the local practitioners and by their encouragement parents were very soon filling up the necessary forms. I have no figures available of the children who have as yet received the full course of inoculations, but what is far more important for the moment, I can say that I have not heard of any ill effects or reactions following the injections. And so we move into 1957 confident that the time is now well within sight when all children will receive the polio vaccination as a routine at a given time in their young lives.

Diphtheria Immunisation The arrangements for Diphtheria immunisation remain the same, the work being shared by the local practitioners, the school medical officers and the medical officer of the Child Welfare Clinic. The combined vaccine, diphtheria and whooping cough, is now used in the schools and the clinics. The local practitioners, however, for the main part, are using the triple injection, which include a tetanus vaccine in addition to the original combined vaccine.

Vaccination Every now and again small pox turns up in this country and serves as a very real reminder that this is still a very killing disease in the unprotected and so, our steady campaign goes on in the consulting rooms of the local practitioners and at clinics, reminding parents of the paramount importance of vaccination. The fact that small pox is comparatively rare in this country is due to the high immunity level of the people as a whole, brought about by vaccination. For the safety of all the level of immunity must be kept up.

Hospital Accommodation The hospital accommodation shows no change and is as follows:-

Totnes and District Hospital for acute cases	24 available beds ( including 5 cots)
Broomborough Hospital for chronic cases	135 beds
" " National Assistance Part III	43 beds
" " accommodation for residential cases only	
" " Maternity Wing	13 beds
	12 cots.

Maternity and Child Welfare There is no change to report in the sphere of maternity and child welfare. The Maternity Department in Broomborough Hospital provides combined efficiency with comfort for those mothers who chose to have their babies in hospital. For those who prefer a home confinement a trained midwife is available. Sterilized packs, gas and air



apparatus and modern equipment is supplied by the maternity service for the use of midwives engaged in domiciliary midwifery.

Child Welfare The Child Welfare Clinic with its fortnightly afternoon sessions is still a very <sup>live</sup> institution and much good work is done by those who have a share in its administration. As well as the usual advice etc. opportunity is given for children to be vaccinated or immunised if the mothers so wish.

Nursing Two trained nurses, who are also certified midwives, are resident in the town and are responsible for the home nursing and maternity work. Each of the nurses have a country district in addition to the town and with their modern transport facilities they are able to deal satisfactorily with it.

Ambulance Service The Ambulance Service provides two ambulances and drivers and also attendants as required. In addition it provides the hospital car service which is of immense value. As I mentioned earlier we also have at our disposal the special ambulance for premature babies - this ambulance is stationed at Crediton. We have every reason to be proud of our ambulance service which for the great part is manned by voluntary workers. It has, indeed, a great record, and the enthusiasm of these men and women is never ending. The ambulances now carry modern oxygen equipment and ambulance personnel are trained in the use of it and this is of enormous help in an emergency and it is greatly welcomed by the doctors.

Home Helps This service, which was started several years ago provides home helps for chronic illness, maternity, blindness etc. It serves a very useful purpose although it is a small one it seems adequate for the present needs. It is capable of expansion if the necessity arises.

Care of the Aged 1956 saw the opening of "Pomeroy House" as a home for those of advanced years who find it difficult to live alone and look after themselves. This is a great achievement and an enormous asset to the town. I would like to thank the Old Folks Welfare Committee and other interested organisations and institutions for their untiring efforts to the cause of the old folks. And now having established "Pomeroy House" firmly on its feet, I hear that the next item on the programme is to equip and maintain a Rest Room. What a splendid idea! I look forward to reporting on its official opening in the near future.

Housing In the past year 17 three-bedroom houses and 13 old people's bungalows were completed at Paige Adams Road. As subsidies for the normal housing programme have now been removed, only houses in slum clearance areas will be built with subsidy and the Borough Engineer informs me that work is proceeding on the layout of a scheme in Westonfield to accommodate any necessary rebuilding occasioned by slum clearance.

Water Supply Despite the dry period experienced in the early part of the year no difficulty was experienced within the Borough of Totnes. No restrictions were imposed even on the watering of gardens and the three-monthly bacteriological samples proved excellent.

Food 1. The following are various types of food premises:

Shops:	43
Food Factoriew:	2
Hotels & Public Houses:	21
Canteens:	8
Schools:	4
Hospitals:	2
Hostels:	5

2. Food premises, by type, registered under Section 16 of the Food and Drugs Act, 1955:

### Ice Cream

Grocers:	5
Confectioners:	4
Greengrocers:	1
Cinema:	1
General Stores:	2
Cafes:	11
Dairies:	3
Canteens:	2

### Preparation and manufacture of preserved foods:

Butchers:	8
Grocers:	1
Greengrocers:	1
Dairy:	1
Factory:	1

### Dairies registered under the Milk and Dairies Regulations, 1949-54:

11

3. Inspections have been periodically carried out on all food premises; but none need remarking upon.
4. No new educational activity on food hygiene.
5. Meat, etc. (condemned): Disposed to approved firms for digestion; other foods buried on refuse tip after spoilation.
6. There have been no special examination of stocks of food or consignments.
7. The ice cream (Heat Treatment, etc.) Regulations 1947-55 do not apply as none of the ice cream is manufactured within the town.
8. All establishments catering for the public have been circularised and given copies of the Food Hygiene Regulations, 1955-56.

### FACTORIES & WORKSHOPS.

These have been inspected and several preliminary notices were served on various owners, dealing with sanitary matters; but in no case was it necessary to serve a Statutory Notice.

During the summer months many complaints were received of the appearance of biting insects in the region of the Coronation Road and at the request of the Council some investigations were made. Specimens of suspected insects were collected and submitted to the Pathological Department of the Torbay Hospital for identification. They were found to be of the family of Ceratopogonidae, commonly known as the Biting midge and therefore a nuisance, but not a great danger to the community.

And so, as you will have realised on reading this report, 1956 has been a very satisfactory year from the health point of view.

Finally, I would like to thank all those <sup>on the</sup> staff and members of the



Council who have supported me so loyally this year, as always. I  
am indeed grateful.

I have the honour to be  
Your obedient servant,

*Elizabeth Davies*

Medical Officer of Health.

